



# Strategic Storage Trust, inc

## SUBSCRIPTION AGREEMENT (SECOND OFFERING)

### 1 YOUR INITIAL INVESTMENT Make all checks\* payable to: "STRATEGIC STORAGE TRUST, INC."

\*Cash, cashier's checks/official bank checks under \$10,000, foreign checks, money orders, third party checks, temporary/starter checks, or traveler's checks are not accepted.

The minimum initial investment is \$1,000\*\*. All additional investments must be at least \$100.

Investment Amount: \$ \_\_\_\_\_

\*\* The minimum purchase for Minnesota, New Jersey, New York and North Carolina residents is 250 shares (\$2,500), except for IRAs which must purchase a minimum of 100 shares (\$1,000).

- By Mail** – Attach a check made payable to Strategic Storage Trust, Inc.
  - By Wire** – UMB Bank, N.A., 1010 Grand, 4th Floor, Kansas City, MO 64106, ABA# 101000695 Strategic Storage Trust, Inc. Account # 9871879437. When sending a wire, please request that the wire references the subscriber's name in order to assure the wire is credited to the proper account.
  - Asset Transfer** – Attach a copy of the asset transfer form. Original to be sent to the transferring institution.
- 
- Waiver of Commission** - Please check this box if you are eligible for a waiver of commission. Waivers of commissions are available for purchases through an affiliated investment advisor, participating Broker-Dealer or its retirement plan, or for a representative of a participating Broker-Dealer or his or her retirement plan or family member(s).
  - Registered Investment Advisor (RIA)**: If this box is checked, commission will be waived. All sales of securities must be made through a Broker-Dealer. If an RIA has introduced a sale, the sale must be conducted through (1) the RIA in his or her capacity as a Registered Representative of a Broker-Dealer, if applicable; (2) a Registered Representative of a Broker-Dealer which is affiliated with the RIA, if applicable; or (3) if neither (1) nor (2) is applicable, an unaffiliated Broker-Dealer. **(Section 6 must be filled in)**

### 2 FORM OF OWNERSHIP (Select only one)

#### Non-Custodial Ownership

- Individual Ownership**
- Transfer on Death** – Complete Transfer on Death Beneficiary Information below.
- Joint Tenants with Rights of Survivorship** – All parties must sign.
- Community Property** – All parties must sign.
- Tenant In Common** – All parties must sign.
- Corporate Ownership** – Authorized signature required. Include copy of corporate resolution.
  - S-Corp.     C-Corp.
- Partnership Ownership** – Authorized signature required. Include copy of partnership agreement.
- Estate** – Authorized representative(s) signature required.
 

Name of Authorized Representative(s)

Include a copy of the court appointment dated within 90 days.
- Trust** – Include a copy of the first and last page of the trust.
 

Name of Trustee(s)
- Pension Plan and Profit Sharing Plan (Non-Custodian)** – Include a copy of the first and last pages of the plan.
- Other** – Include a copy of any pertinent documents.

#### Transfer on Death Beneficiary Information (Individual or Joint Tenant Accounts only)

Name of Beneficiary	Social Security Number	Date of Birth
<input type="checkbox"/> Primary    ___%		

Name of Beneficiary	Social Security Number	Date of Birth
<input type="checkbox"/> Primary    ___% <input type="checkbox"/> Contingent    ___%		

#### Custodial Ownership (Send completed forms to custodian)

- Traditional / Simple IRA** – Custodian signature required in Section 7.
- Roth IRA** – Custodian signature required in Section 7.
- KEOGH Plan** – Custodian signature required in Section 7.
- Simplified Employee Pension / Trust (SEP)**
- Pension / Profit-Sharing Plan / 401k** – Custodian signature required in Section 7.
- Uniform Gift to Minors Act / Uniform Transfers to Minors Act** – Custodian signature required in Section 7.

State of  Custodian for

#### Required for custodial ownership accounts

Name of Custodian, Trustee, or Other Administrator

Mailing Address

City, State & Zip Code

#### Custodian Information – To be completed by Custodian listed above.

Custodian Tax ID#

Custodian Account #

Custodian Telephone #

#### Special Instructions

### 3 ADDRESS INFORMATION

**Subscriber Information** (All fields must be completed)

Investor	Co-Investor
Investor Social Security Number / Tax ID Number	Co-Investor Social Security Number / Tax ID Number
Birth Date / Articles of Incorporation (MM/DD/YY)	Co-Investor Birth Date (MM/DD/YY)

**Please indicate Citizenship Status**     U.S. Citizen     Resident Alien – Country of Origin \_\_\_\_\_  
 Non-resident Alien – Country of Origin \_\_\_\_\_

**Residence Address (No P.O. Box allowed)**

Street Address	City	State	Zip Code
Home Telephone	Business Telephone	Email Address	

**Mailing Address\* (if different from above – P.O. Box allowed)**

Street Address	City	State	Zip Code
----------------	------	-------	----------

\*If the co-investor resides at another address, please attach that address to the subscription agreement

### 4 DISTRIBUTIONS

Complete this section to enroll in the Distribution Reinvestment Plan or to elect to receive distributions by check mailed to you, by check mailed to a third-party or alternate address, or by direct deposit.

**Custodial held accounts may only select option 1 or option 5 without the custodian's approval.**

I elect the distribution option(s) indicated below: **(Total must equal 100%)**

- Participate in the Distribution Reinvestment Plan (see Prospectus for details)** \_\_\_\_\_%
- Check mailed to the residence address set forth in Section 3 above** \_\_\_\_\_%
- Check mailed to the mailing address set forth in Section 3 above** \_\_\_\_\_%
- Check Mailed to Third-Party / Alternate Address** \_\_\_\_\_%

To direct distributions to a party other than the registered owner, please provide applicable information below.

Name /Entity Name / Financial Institution	Account No.	Mailing Address
City	State	Zip Code

- Sent to Custodian** (Custodian held accounts only) \_\_\_\_\_%
- Direct Deposit** \_\_\_\_\_%  
Please attach a pre-printed voided check or a deposit slip. (Non-Custodian Investors Only)

I authorize Strategic Storage Trust, Inc., or its agent, to deposit my distribution to my checking or savings account. This authority will remain in force until I notify Strategic Storage Trust, Inc., or its agent, in writing to cancel it. In the event that Strategic Storage Trust, Inc., or its agent, deposits funds erroneously into my account, they are authorized to debit my account for an amount not to exceed the amount of the erroneous deposit.

**Please Attach a Pre-printed Voided Check or Deposit Slip Here**

*(The above services cannot be established without a pre-printed voided check or deposit slip.)*

<p>1 Bank Routing Number (requires 9 digits) 2 Bank Account Number (not to exceed 17 digits)</p>	For Electronic Funds Transfers, signatures of bank account owners are required exactly as they appear on bank records. If the registration at the bank differs from that on this Subscription Agreement, all parties must sign below.	
	<table border="1"> <tr> <td>Signature</td> </tr> <tr> <td>Signature</td> </tr> </table>	Signature
Signature		
Signature		
Your Bank's ABA Routing Number	Your Bank Account Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

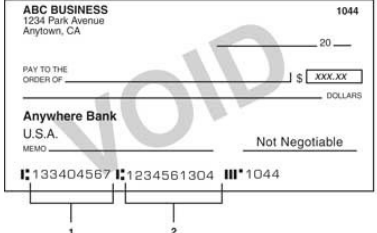
**Regular Mail:** Strategic Storage Trust, Inc. c/o DST Systems, Inc., Po Box 219406, Kansas City, MO 64121-9406  
**Overnight Mail:** Strategic Storage Trust, Inc. c/o DST Systems, Inc., 430 W. 7th Street, Kansas City, MO 64105  
**Wire Information:** UMB Bank, N.A., 1010 Grand, 4th Floor, Kansas City, MO 64106 ABA# 101000695 Account # 9871879437  
**Investor Services Toll Free Phone Line:** 866-418-5144

**5 ACCOUNT OPTIONS** (You may select more than one option)

**A.  Automatic Investment Plan. (Custodian held accounts are not eligible)** Electronic Funds Transfer from your bank account directly to your Strategic Storage Trust, Inc. investment account (\$100 Minimum). I authorize Strategic Storage Trust, Inc., or its agent, to draft from my checking or savings account. This authority will remain in force until I notify Strategic Storage Trust, Inc., or its agent, in writing to cancel it. In the event that Strategic Storage Trust, Inc., or its agent, drafts funds erroneously from my account, they are authorized to credit my account for an amount not to exceed the amount of the erroneous draft. *(Automatic Investment Plan is not available to residents of Alabama or Ohio.)*

Name of Financial Institution	Mailing Address	
City	State	Zip Code

**Please Attach a Pre-printed Voided Check or Deposit Slip Here**  
*(The above services cannot be established without a pre-printed voided check or deposit slip.)*

 <p>1 Bank Routing Number (requires 9 digits)          2 Bank Account Number (not to exceed 17 digits)</p>	<p>For Electronic Funds Transfers, signatures of bank account owners are required exactly as they appear on bank records. If the registration at the bank differs from that on this Subscription Agreement, all parties must sign below.</p> <div style="background-color: #ffffcc; height: 30px; margin-bottom: 5px;">Signature</div> <div style="background-color: #ffffcc; height: 30px; margin-bottom: 5px;">Signature</div>	
Your Bank's ABA Routing Number	Your Bank Account Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

I authorize Strategic Storage Trust, Inc. or its agent to draft from my checking or savings account \$ \_\_\_\_\_ (\$100 Minimum) each month on the 1<sup>st</sup> of the month, beginning the first month after my initial investment.

**B.  Electronic Delivery of Reports and Updates.** I authorize Strategic Storage Trust, Inc. to make available on its website at [www.strategicstoragetrust.com](http://www.strategicstoragetrust.com) and through a CD with links to a website its quarterly reports, annual reports, proxy statements, prospectus supplements or other reports required to be delivered to me, as well as any property or marketing updates, and to notify me via e-mail when such reports or updates are available in lieu of receiving paper documents. (You must provide an e-mail address if you choose this option.)  
 E-mail address: \_\_\_\_\_

**6 BROKER-DEALER/FINANCIAL ADVISOR INFORMATION** (All fields must be completed)

The Financial Advisor must sign below to complete order. The Financial Advisor hereby warrants that he/she is duly licensed and may lawfully sell shares in the state designated as the investor's legal residence.

Broker-Dealer Name		Broker-Dealer Mailing Address	
City	State	Zip Code	
Broker-Dealer CRD Number	Telephone Number	Fax Number	
Financial Advisor Firm Name & Branch Number		Financial Advisor Name	
Advisor Mailing Address			
City	State	Zip Code	
Rep ID	Branch Number	Telephone Number	
E-mail Address		Fax Number	

The undersigned confirm on behalf of the Broker-Dealer that they (1) have reasonable grounds to believe that the information and representations concerning the investor identified herein are true, correct and complete in all respects; (2) have discussed such investor's prospective purchase of shares with such investor; (3) have advised such investor of all pertinent facts with regard to the lack of liquidity and marketability of the shares; (4) have delivered a current Prospectus and related supplements, if any, to such investor; (5) have reasonable grounds to believe that the investor is purchasing these shares for his or her own account; and (6) have reasonable grounds to believe that the purchase of shares is a suitable investment for such investor, that such investor meets the suitability standards applicable to such investor set forth in the Prospectus and related supplements, if any, and that such investor is in a financial position to enable such investor to realize the benefits of such an investment and to suffer any loss that may occur with respect thereto.

X    X

Financial Advisor Signature                      Date                      State of Sale                      Branch Manager Signature (If required by Broker-Dealer)                      Date

**7 SUBSCRIBER SIGNATURES**

Strategic Storage Trust, Inc. is required by law to obtain, verify and record certain personal information from you or persons on your behalf in order to establish the account. Required information includes name, date of birth, permanent residential address and social security/taxpayer identification number. We may also ask to see other identifying documents. If you do not provide the information, Strategic Storage Trust, Inc. may not be able to open your account. By signing the Subscription Agreement, you agree to provide this information and confirm that this information is true and correct. If we are unable to verify your identity, or that of another person(s) authorized to act on your behalf, or if we believe we have identified potentially criminal activity, we reserve the right to take action as we deem appropriate which may include closing your account.

Please separately initial each of the representations below. Except in the case of fiduciary accounts, you may not grant any person a power of attorney to make such representations on your behalf. In order to induce Strategic Storage Trust, Inc. to accept this subscription, I hereby represent and warrant to you as follows:

**[ALL ITEMS MUST BE READ AND INITIALED.]**

- |   | Owner                | Joint Owner/<br>Custodian |
|---|----------------------|---------------------------|
| (1) I have received the final Prospectus of Strategic Storage Trust, Inc..  | <input type="text"/> | <input type="text"/>      |
| (2) I have (i) a net worth (exclusive of home, home furnishings and automobiles) of \$250,000 or more, or (ii) a net worth (as described above) of at least \$70,000 and had during the last tax year or estimate that I will have during the current tax year a minimum of \$70,000 gross annual income, or that I meet the higher suitability requirements imposed by my state of primary residence as set forth in the Prospectus under "SUITABILITY STANDARDS." I will not purchase additional shares unless I meet those suitability requirements at the time of purchase.   | <input type="text"/> | <input type="text"/>      |
| (3) I acknowledge that there is no public market for the shares and, thus, my investment in shares is not liquid.   | <input type="text"/> | <input type="text"/>      |
| (4) I am purchasing the shares for my own account.  | <input type="text"/> | <input type="text"/>      |
| (5) If I am a Kansas resident, I acknowledge that it is recommended by the office of the Kansas Securities Commissioner that Kansas investors not invest, in the aggregate, more than 10% of their liquid net worth in this and similar direct participation investments. Liquid net worth is defined as that portion of net worth that consists of cash, cash equivalents and readily marketable securities.<br><br>If I am an Alabama resident, I acknowledge that Alabama investors must have a liquid net worth of at least ten times their investment in SSTI and its affiliates and that Alabama investors must meet one of SSTI's suitability standards in order to purchase shares in the offering. | <input type="text"/> | <input type="text"/>      |

Your sale is not final for five (5) business days after your receipt of the final Prospectus. We will deliver a confirmation of sale to you after your purchase is completed.

If you participate in the Distribution Reinvestment Plan or make subsequent purchases of shares of Strategic Storage Trust, Inc., including purchases made pursuant to our Automatic Investment Program, you agree that, if you fail to meet the suitability requirements for making an investment in shares or can no longer make the other representations or warranties set forth in this Section 7, you are required to promptly notify Strategic Storage Trust, Inc. and your Broker-Dealer in writing.

**TAXPAYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER CERTIFICATION (required):** The investor signing below, under penalties of perjury, certifies that (1) the number shown on this Subscription Agreement is my correct taxpayer identification number (or I am waiting for a number to be issued to me), (2) I am not subject to backup withholding because I am exempt from backup withholding, I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien), unless I have otherwise indicated in Section 3 above.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

I understand that I will not be admitted as a stockholder until my investment has been accepted. Depositing of my check alone does not constitute acceptance. The acceptance process includes, but is not limited to, reviewing the Subscription Agreement for completeness and signatures, conducting an Anti-Money Laundering check as required by the USA PATRIOT Act and depositing funds.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X   X

Signature of Owner or Custodian                      Date                      Signature of Joint Owner or Beneficial Owner (if applicable)                      Date

**(MUST BE SIGNED BY CUSTODIAN OR TRUSTEE IF IRA OR QUALIFIED PLAN IS ADMINISTERED BY A THIRD PARTY)**

All items on the Subscription Agreement must be completed in order for your subscription to be processed. Subscribers are encouraged to read the Prospectus in its entirety for a complete explanation of an investment in Strategic Storage Trust, Inc.